

CONTRACT REQUESTS FORM (CRF)

CEC-94 (Revised 5/11)

CALIFORNIA ENERGY COMMISSION


☒ New Contract 500-10-066 ☐ Amendment to Existing Contract: _____ Amendment Number: _____

Division	Contract Manager:	MS-	Phone	CM Training Date
Energy Research and Development	David Weightman	49	916-327-1631	12/4/2008

Contractor's Legal Name	Federal ID Number
E Source Companies LLC	20-4402870

Title of Project
E-Source Membership

Term	Start Date	End Date	Amount
New/Original Contract	6/29/2011	6/29/2012	\$ 17,900

Line up the Amendment information as best as possible within the following table.

Amendment #	End Date (mm/dd/yy)	Amount

Business Meeting Information

Proposed Business Meeting Date	6/29/2011	<input checked="" type="checkbox"/> Consent	<input type="checkbox"/> Discussion
Business Meeting Presenter	David Weightman	Time Needed:	5 minutes

Agenda Item Subject and Description

Possible approval of this agreement with E Source Companies LLC to secure a one year contract for membership services for \$17,900. This membership provides all Commission staff with access to the E Source Technology Assessment Services including on-line access to the full library of energy efficiency technologies, member inquiry and research privileges on specific technologies, and participation in web conferences on energy technologies. The length of this agreement is 12 months.

Business Meeting approval is not required for the following types of contracts: *Executive Director's signature is required in all cases.*

- ☐ Contracts less than \$10k (*Policy Committee's signature is also required*)
- ☐ Amendment for a no-cost time extension. Must be first extension, less than one year and original contract less than \$100k.
- ☐ Contracts less than \$25k for Expert Witness in Energy Facility licensing cases and amendments.

Purpose of Contract or Purpose of Amendment, if applicable

The purpose of this contract with E Source Companies, LLC is to continue the Energy Commission's membership in the E Source Technology Assessment Service for one year in the amount of \$17,900.00. This item is on the approved Budget Management membership list. This membership provides all staff with the following:

- Member inquiry and research privileges
- Online access to the full library of energy efficiency technologies
- Participation in Web Conferences (normally hosted by report authors)
- Monthly e-mail issues of Tech News
- E-mail issues of Emerging Technology Currents
- On-line access to the E Source Technology Atlas

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**California Environmental Quality Act (CEQA) Compliance**

1. Is Contract considered a "Project" under CEQA?
☐ Yes: skip to question 2 ☒ No: complete the following (PRC 21065 and 14 CCR 15378):
 Explain why contract is not considered a "Project":
 Contract will not cause direct physical change in the environment or a reasonably foreseeable indirect physical change in the environment because it involves a membership for money contribution only.
2. If contract is considered a "Project" under CEQA:
☐ a) Contract **IS** exempt. (Draft NOE required)
☐ Statutory Exemption. List PRC and/or CCR section number: _____
☐ Categorical Exemption. List CCR section number: _____
☐ Common Sense Exemption. 14 CCR 15061 (b) (3)
 Explain reason why contract is exempt under the above section:
☐ b) Contract **IS NOT** exempt. The Contract Manager needs to consult with the Energy Commission attorney assigned to their division and the Siting Office regarding a possible Initial Study.

Budgets Information

Contract Amount Funded		Breakdown by FY			Funding Sources			
Funding Source	Amount	FY	Amount	Approved?	Funding Source	FY	Budget List No.	Amount
ARFVTF	\$	10-11	\$17,900	Yes	PIER-E	10-11	501.027I	\$17,900
ECAA	\$		\$					\$
State- ERPA	\$		\$					\$
Federal	\$		\$					\$
PIER - E	\$17,900		\$					\$
PIER - NG	\$		\$					\$
Reimbursement	\$		\$					\$
Other	\$		\$					\$
TOTAL:	\$17,900	TOTAL:	\$17,900		TOTAL:			\$17,900
Reimbursement Contract #:					Federal Agreement			

Contractor's Administrator/ Officer		Contractor's Project Manager	
Name:	Ira Krepchin	Name:	Gary Sunshine
Address:	3333 Walnut St	Address:	3333 Walnut St
City, State, Zip:	Boulder, CO 80301-2515	City, State, Zip:	Boulder, CO 80301-2515
Phone/ Fax:	/	Phone/ Fax:	303-444-7788 / 720-548-5022
E-Mail:	ira_krepchin@esource.com	E-Mail:	gary_sunshine@esource.com

Contractor Is

- ☒ Private Company (including non-profits)
☐ CA State Agency (including UC and CSU)
☐ Government Entity (i.e. city, county, federal government, air/water/school district, joint power authorities, university from another state)

Selection Process Used

- ☐ Solicitation Select Type _____ Solicitation #: _____ # of Bids: _____ Low Bid? ☐ No ☐ Yes
☐ Non Competitive Bid (Attach CEC 96)
☒ Exempt Membership

Civil Service Considerations

- ☐ Not Applicable (Contract is with a CA State Entity or a membership/co-sponsorship)
☒ Public Resources Code 25620, et seq., authorizes the Commission to contract for the subject work. (PIER)

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- ☐ The Services Contracted:
- ☐ are not available within civil service
 - ☐ cannot be performed satisfactorily by civil service employees
 - ☐ are of such a highly specialized or technical nature that the expert knowledge, expertise, and ability are not available through the civil service system.
- ☐ The Services are of such an:
- ☐ urgent
 - ☐ temporary, or
 - ☐ occasional nature
- that the delay to implement under civil service would frustrate their very purpose.

Justification:**Payment Method**

- ☒ A. Reimbursement in arrears based on:
- ☐ Itemized Monthly
 - ☐ Itemized Quarterly
 - ☐ Flat Rate
 - ☒ One-time
- ☐ B. Advanced Payment
- ☐ C. Other, explain:

Retention

1. Is contract subject to retention? ☒ No ☐ Yes
- If Yes, Do you plan to release retention prior to contract termination? ☐ No ☐ Yes

Justification of Rates

This is a prevailing rate that is consistent with previous amounts used to pay for E-Source membership benefits. This amount is the same as offered to other organizations and leverages research dollars.

Disabled Veteran Business Enterprise Program (DVBE)

1. ☐ Not Applicable
2. ☐ Meets DVBE Requirements DVBE Amount:\$ _____ DVBE %: _____
- ☐ Contractor is Certified DVBE
 - ☐ Contractor is Subcontracting with a DVBE: _____
3. ☒ Requesting DVBE Exemption (attach CEC 95)

Is Contractor a certified Small Business (SB), Micro Business (MB) or DVBE?

- ☒ No ☐ Yes
- If yes, check appropriate box: ☐ SB ☐ MB ☐ DVBE

Is Contractor subcontracting any services?

- ☒ No ☐ Yes
- If yes, give company name and identify if they are a Small Business (SB), Micro Business (MB) and/or DVBE:
- | | | | | |
|--|-----------------------------|-----------------------------|-----------------------------|-------------------------------|
| | <input type="checkbox"/> No | <input type="checkbox"/> SB | <input type="checkbox"/> MB | <input type="checkbox"/> DVBE |
| | <input type="checkbox"/> No | <input type="checkbox"/> SB | <input type="checkbox"/> MB | <input type="checkbox"/> DVBE |
| | <input type="checkbox"/> No | <input type="checkbox"/> SB | <input type="checkbox"/> MB | <input type="checkbox"/> DVBE |
| | <input type="checkbox"/> No | <input type="checkbox"/> SB | <input type="checkbox"/> MB | <input type="checkbox"/> DVBE |
| | <input type="checkbox"/> No | <input type="checkbox"/> SB | <input type="checkbox"/> MB | <input type="checkbox"/> DVBE |
| | <input type="checkbox"/> No | <input type="checkbox"/> SB | <input type="checkbox"/> MB | <input type="checkbox"/> DVBE |
| | <input type="checkbox"/> No | <input type="checkbox"/> SB | <input type="checkbox"/> MB | <input type="checkbox"/> DVBE |
| | <input type="checkbox"/> No | <input type="checkbox"/> SB | <input type="checkbox"/> MB | <input type="checkbox"/> DVBE |
| | <input type="checkbox"/> No | <input type="checkbox"/> SB | <input type="checkbox"/> MB | <input type="checkbox"/> DVBE |
| | <input type="checkbox"/> No | <input type="checkbox"/> SB | <input type="checkbox"/> MB | <input type="checkbox"/> DVBE |

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**Miscellaneous Contract Information**

- | | | |
|--|--|------------------------------|
| 1. Will there be Work Authorizations? | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes |
| 2. Is the Contractor providing confidential information? | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes |
| 3. Is the contractor going to purchase equipment? | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes |
| 4. Check frequency of progress reports | | |
| <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Not applicable | | |
| 5. Will a final report be required? | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes |
| 6. Is the contract, with amendments, longer than a year? If yes, why? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

The following items should be attached to this CRF

- | | | |
|---|------------------------------|-----------------------------------|
| 1. Scope of Work, Attach as Exhibit A. | <input type="checkbox"/> N/A | <input type="checkbox"/> Attached |
| 2. Budget Detail, Attach as Exhibit B. | <input type="checkbox"/> N/A | <input type="checkbox"/> Attached |
| 3. CEC 96, NCB Request | <input type="checkbox"/> N/A | <input type="checkbox"/> Attached |
| 4. CEC 30, Survey of Prior Work | <input type="checkbox"/> N/A | <input type="checkbox"/> Attached |
| 5. CEC 95, DVBE Exemption Request | <input type="checkbox"/> N/A | <input type="checkbox"/> Attached |
| 6. Draft CEQA Notice of Exemption (NOE) | <input type="checkbox"/> N/A | <input type="checkbox"/> Attached |
| 7. Resumes | <input type="checkbox"/> N/A | <input type="checkbox"/> Attached |
| 8. CEC 105, Questionnaire for Identifying Conflicts | | <input type="checkbox"/> Attached |
| 9. CEC 106, IT Component Reporting Form | | <input type="checkbox"/> Attached |

Contract Manager_____
Date_____
Office Manager_____
Date_____
Deputy Director_____
Date

The following signatures are only required when contract approval is delegated to the Executive Office and not approved at a Business Meeting.
See Business Meeting Information Section.

Presiding Policy Committee_____
Date_____
Associate Policy Committee_____
Date_____
Executive Director_____
Date